

215460

(FORM 1)

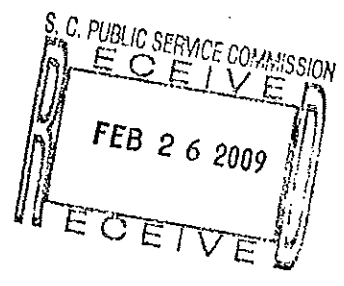
STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET



DOCKET
NUMBER 2009-91-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Robert P. Heuer
Address: 3184 Winner Cir
CHARLESTON S.C. 29414

Telephone: 843-571-3240 / 843-296-7373
Fax: 843-571-5240
Other: 747-4440
Email: Bobby.Heuer@StromALTMAN Dodge Co.

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
PSC SC
DOCKETING DEPT.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)
(Office # 803-896-5100) (Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 15 DEC, 2008

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Holy City CHARTERS, LLC

2. (a) Street Address of Applicant 1088 STONEHENGE DRIVE

HANAHAN, SC 29410

- (b) Mailing address, if different from street address SAME

- (c) Telephone Number 843-296-7373 Fed. ID # 843 529 1952

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Robert P. Hewer - 3184 Winner Cir CHAS. SC 29414

JAMES R. OGLESBY 1088 Stonehenge DR. HANAHAN SC 29410

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:	
Cash	8000.00
Receivables	
Real Estate	535.000
Buildings and Equipment-Net	
Motor Vehicles-Net	7000.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	1000
Prepays and Other Assets	
Total Assets	551,000
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	2700.
Equipment Obligations	500.
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	3200.00
Total Liabilities and Equity	554,200

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF CHAS

I, Robert P. Heuer

(Name of Applicant's Representative)

(Title)

of Holy City Charter, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct,

SWORN TO BEFORE ME

At 9:32 day of February 2009
 This the 1 day of February 2009
 (Notary Public)

(Signature of Applicant's Representative)

Commission Expires: My Commission Expires
 October 18 2010

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HOLY CITY CHARTERS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 30th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
27th day of February, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Ably City Charters LLC

For the transportation of passengers as follows:

Area to be served: CHAS. BERKLEY, Dorchester, Collected

1

Number of passengers: 6 to 7

Fares: 500.⁰⁰ Per Person

Date 2/26/09

R. Jones
By

CO-OWNER
Title

Rev. 8/00

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.
* Designate if equipped with wheelchair lift

Date: 12/15/08

ght carrier.

Reena
(Applicant)

Reena
(Applicant's Representative)

CO-OWNER
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Holy City Charters LLC *
(Name of Motor Carrier)
3184 Winner Cir CHAS, S.C. 29414 *
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium: \$6,250

Liability Insurance Automobile: (CSL) \$1,000,000 General Liability: \$1,000,000 / \$2,000,000
Medical Pay \$5,000

The above quoted premiums are for a term of 12 months.

Discover Property & Casualty *
(Insurance Company Name)
5 Batterson Park Road, Farmington, CT 06032 *
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2-26-09
Date

Jenny Hauck *
(Authorized Insurance Company Representative)



**Insurance Program
Insurance Application**

February 3, 2009

Consultant: Teresa Tyler

Holy City Charters LLC

3184 Winners Circle

Charleston SC 29414

Phone: (843) 266-6068

County: Charleston

Fax:

Cell: (843) 296-7373

Contact Name: Bobby Heuer

FEIN or SS#:

E-mail: bobby.heuer@stromaltmandodge.com

In Business Since: New Venture

Type of Entity: LLC

Coverages	Limit	Deductible	Coverage Effective Date
Automobile Liability	1,000,000	NA	ASAP
Uninsured Motorist	75,000	NA	
Underinsured Motorist	75,000	NA	
Medical Payments	5,000	NA	
Personal Injury Protection	0	NA	
Automobile Physical Damage	ACV	2000	
General Liability - Limit commensurate with auto liability combined single limit	1,000/2,000	NA	ASAP

Please attach current year & three year prior loss runs for all insurance coverages desired.
(4 year loss run history is mandatory)

	YES	NO
1) Are you actively contracted with LogistiCare? <i>In process of contracting</i>		N
2) Are you currently compliant with LogistiCare credentialing & operational standards? If no, explain: <i>In process of contracting</i>		N
3) Do you borrow, hire or lease vehicles from others? If yes, explain frequency & expenditure amount:		N
4) Have you ever had any authority withdrawn by any regulatory authority? If yes, explain:		N
5) In the last 3 years, has any company cancelled or refused to renew automobile coverage? (Not applicable on MO) If yes, explain:		N
6) Have you had any liability losses larger than \$5,000 in the past 3 years? If yes, provide date of loss & detailed description on separate sheet.		N
7) What locations are to be covered? Other, please list: <i>Same as mailing address</i>	Y	
8) Do you service your own vehicles? If no, list service providers: <i>Chevrolet Dealership</i>		N
9) Do you maintain documented maintenance records?	Y	

EXHIBIT FWAName: Holy City Charters LLC *Address: 3184 Winner Cir. CHAS. S.C. 29414 *Telephone No. 843-296-7373 Fax No. 843-571-3240 *

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes ☒ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory ☒
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

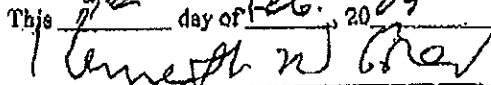
Yes ☒ No _____

(The attached Insurance Quota form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At _____

This 26 day of Feb., 2009

(Notary Public)

Commission Expires: _____

My Commission Expires

October 18 2010

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes ☒ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory ☒
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgement(s).)

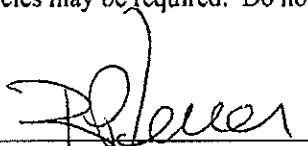
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Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

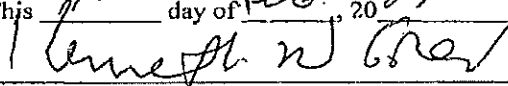
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)



(Applicant's Signature)

Sworn to before me

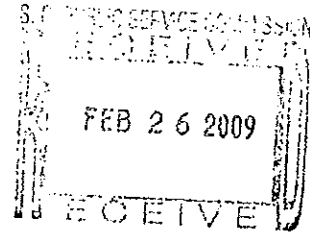
At _____

This 9th day of Feb., 2009


(Notary Public)

Commission Expires: _____
My Commission Expires
October 18 2010

APPLICANT'S OATH



I, Robert P. Hewer, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Robert P. Hewer

(Applicant's Signature)

Sworn to before me

At _____

This 9th day of February, 2009

Kenneth W. [Signature]

(Notary Public)

Commission Expires: _____

My Commission Expires

October 18 2010



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: IDRS=OVXMB
Jan 29, 2009 LTR 147C
26-4113211

HOLY CITY CHARTERS LLC
ROBERT P HEUER MBR
3184 WINNERS CIR
CHARLESTON SC 29414

Taxpayer Identification Number:

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of January 29th, 2009.

Your Employer Identification Number (EIN) is Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mrs. Roselius
94-12598
Customer Service Representative